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Message from the President

Anne Heyen, DNP, RN, CNE

During the last quarterly meeting of the Board of Nursing, a number of students joined us. For those who have never attended one of our meetings in Jefferson City, at the end of the morning and afternoon sessions we give students a time to ask questions (but we do not discuss any specific cases). It seemed we received a question multiple times at this meeting regarding how a new nurse can protect their license. It was a great question, and I wanted to make sure all the new graduates are able to have access to the information. If you attended, thank you for taking time out of your schedule and we hope you found the experience valuable. If you were not in attendance, here is the summary of board member responses to the above question.

First, if you have a substance use disorder, get help. If you recognize you have a problem with any legal or illegal

substance, stop working, take a leave of absence and get the help you need.

Next, if you are in a place that does not support you, is not a good environment, or simply not a good fit for you, leave. Throughout your career, you will have many jobs; you only get one license.

Further, document thoroughly, as close to the time as possible. I know you have heard this from your nursing instructors, but it is true and it is important.

Additionally, know and follow your facility's policies and procedures.

Lastly, make sure that when a co-worker asks you to waste a medication, you witness the waste. It is easy to fall into the habit of putting your finger/password in without actually seeing the other nurse waste the controlled substance, but it goes back to protecting your own license.

For all graduates, the Board of Nursing members wish you the best as you start this exciting journey.

Executive Director Report

Licensed Practical Nurse Licenses Set to Renew March through May 2020 Act Now!

Lori Scheidt, Executive Director

Licensed Practical Nurse (LPN) renewal reminders with PIN numbers will be emailed in early March 2020. The renewal information will be emailed to the current email address we have in our records. Because you have a legal responsibility to update your name and/or address within 30 days of any change, it is very important that you inform our office, in writing, whenever you have a change in your address. Failure to inform the board of your current residence is cause for license discipline. A change form can be found on the board's website at <https://pr.mo.gov/nursing>.

LPN licenses expire May 31, 2020. It takes up to four business days after the renewal is submitted, before the license is renewed. We do not issue license cards. Licensure rules require that nurses enroll in **Nursys e-Notify** as a condition of license renewal. A nurse must register "**As a Nurse**" on Nursys e-Notify at <https://www.nursys.com/e-notify> before continuing with the renewal process. This free service will send the nurse email notifications of changes to his/her license, including when the license is actually renewed, license expiration reminders and changes to any applicable discipline status.

No Grace Period to Renew

There is no grace period to renew. The board's rules were recently changed to require a nurse to renew three (3) business days prior to the

expiration date. Failure to do so may result in the license becoming lapsed, which requires the nurse to complete a reinstatement application, submit additional fees and submit to fingerprint background checks.

Check Your Licensure Status and Where You Can Practice

1. Go to  nurSYS.com then click 
2. Search by your Name, License Number or NCSBN ID.
3. Click "View Report"
- On Nursys QuickConfirm
4. Report page, click "Where can the nurse practice as an RN and/or PN?"

Executive Director Report continued on page 3

Board of Nursing Reaches Milestone of Licensing 100 Individuals Through the Air Force's Education and Training Program



The Missouri State Board of Nursing has placed a strong emphasis on collaboration with the military by working to incorporate and recognize education, training, and/or service received and completed into the qualifications to apply for licensure as a practical nurse.

Since March 22, 2017, the Board of Nursing has licensed 107 individuals who completed the Air Force's education and training program. This partnership has allowed the Board of Nursing to conduct a comprehensive analysis of the education and training programs offered by the Air Force and through relationships developed with Air Force leadership, offer a streamlined licensing process for qualified applicants.

"If there's a message we could convey to our veterans, it's that if you have a military education, Missouri wants you," says Lori Scheidt, Executive Director of the MO State Board of Nursing. "We are very proud of our ongoing emphasis on military partnerships that make it possible for us to help our veterans transfer their military training to a civilian nursing career."

The Board has in place a Military Task Force with active military, retired military and public partners who work continuously to explore ways to help transition active duty military professionals to successful civilian careers. In addition to easing the transition for veterans into the civilian workforce, this is an action that also addresses the need to increase the number of licensed nurses in the state which is currently facing a shortage of qualified nurses.

"This program provided financial security for my family and me while I was transitioning out of the Air Force and into civilian life," said Taylr McCoy, who received her license through the program in 2017. "I was an aerospace medical technician and already operated at an LPN level. I was able to continue working at the skill level I earned while in the military. I have already recommended this option to others who have reached out to me as they look at transitioning into a civilian career."

"As we honor our military for their service, I'd like to commend the partnerships our state has in place to acknowledge the important training they received while they served and to license them for that profession in Missouri. We're proud of our Missouri Board of Nursing for their support of our military veterans as they continue their careers," Governor Parson said.



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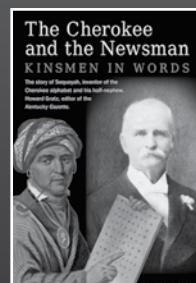
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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (<i>MoSALPN</i>)	573-636-5659
Missouri Nurses Association (<i>MONA</i>)	573-636-4623
Missouri League for Nursing (<i>MLN</i>)	573-635-5355
Missouri Hospital Association (<i>MHA</i>)	573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

As of January 6, 2020

Profession	Number
Licensed Practical Nurse	24,479
Registered Professional Nurse	111,145
Total	135,624

SCHEDULE OF BOARD MEETING DATES THROUGH 2020

February 26-28, 2020

May 19-21, 2020

August 19-21, 2020

November 4-6, 2020

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

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Executive Director Report continued from page 1**Nurse Licensure Compact Moving Scenarios****MOVING FROM...****Noncompact → Compact****MOVING TO ANOTHER STATE**

The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse may apply before or after the move. A multistate license may be issued if residency and eligibility requirements are met. If the nurse holds a single state license issued by the noncompact state, it is not affected.

Compact → Noncompact

The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse map apply before or after the move. The multistate license of the former NLC state is changed to a single state license upon changing legal residency to a noncompact state. The nurse is responsible for notifying the board of nursing (BON) of the former NLC state of the new address.

Compact → Compact

When moving (changing primary state of legal residence) to a new NLC state, it is the nurse's responsibility to apply for licensure by endorsement. This should be completed upon moving and the nurse should not delay. There is no grace period. The nurse may not wait until the former license expires to apply in the nurse's new state of legal residency. The nurse may practice on the former home state license only UNTIL the multistate license in the new NLC home state is issued. Proof of residency such as a driver's license may be required. Upon issuance of a new multistate license, the former license is inactivated.

**Another Country
(International Nurses)**

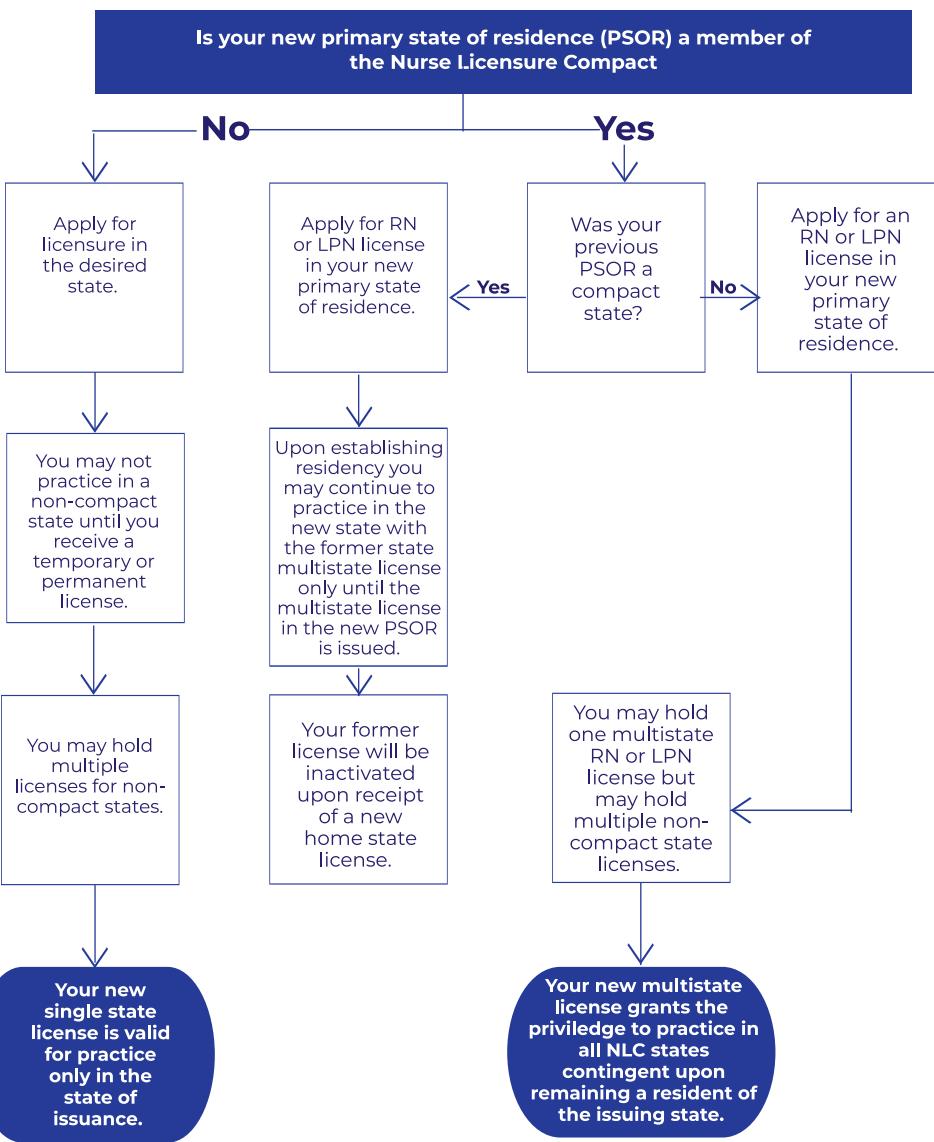
If a nurse on a visa from another country applies for licensure in a compact state, the nurse is responsible for either declaring the country of origin or the compact state as their primary state of residency. If the foreign country is declared the primary state of residency, the nurse may be eligible for a single state license issued by the compact state.

Definition**Primary State of Residence (PSOR):**

The state (also known as the home state) in which a nurse declares a primary residence for legal purposes. Sources used to verify a nurse's primary residence may include driver's license, federal income tax return or voter registration. PSOR refers to legal residency status and does not pertain to home or property ownership. Only one state can be identified as the primary state of legal residence for NLC purposes.

**Navigating the Nurse Licensure Compact:
Licensure by Endorsement**

When declaring a new primary state of residence (PSOR) or obtaining a license in another state:



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When Is Accessing Medical Records a HIPAA Breach?

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Donna M. De Simone, JD, MS, APRN-CNP, APRN-CNS, FNP-C, CPN

After a well-known actor was treated at a Chicago, Illinois, hospital, word spread through the media that many hospital employees were reportedly terminated for improper or unauthorized access in viewing his medical record. In high-profile hospital stays, healthcare workers may be tempted to open a celebrity patient's medical record; however, the consequences of such unauthorized access may be grave and involve more than the loss of employment. This article reviews the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, how violations are addressed, and the role of regulators in preventing and addressing such breaches.

In early 2019, the news media reported that actor Jussie Smollett claimed he was injured when two men hurled slurs at him, beat him, and looped a rope around his neck in downtown Chicago, Illinois. In a dramatic turn of events, Smollett was indicted on 16 felony counts for reporting false hate crimes. Soon after the indictments, it was reported that 50 to 60 employees at the Chicago hospital where Smollett was treated were fired for reviewing his medical records (Quraishi, 2019; Kozlov, 2019). The Chicago Sun Times reportedly spoke to a terminated employee, who was told by management that the he/she had been fired for committing a "huge breach" (Esposito, 2019).

This case sheds light on the consequences of violating a patient's medical record, even when the motivation for doing so is to satisfy simple curiosity. Unauthorized access of medical records is a violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations and is thus considered a HIPAA breach. Although some of the hospital's employees may have denied they viewed Smollett's medical record, an audit log captures each keystroke of computer activity and reveals every person's activity in a designated electronic medical record. An audit log and the ability to conduct an audit log are required under the Technical Safeguards of the Security Standards of HIPAA and was put into place so that a patient can know who accessed their medical record at any given time (45 CFR § 164.312(b), 2013).

A Review of HIPAA

It is likely that everyone who has visited a physicians' office or hospital in the United States has heard about HIPAA; however, there are many idiosyncrasies that many people may not know. HIPAA provides federal protections for patient health information and gives patients an array of rights with respect to that information (HIPAA, 1996). All healthcare professionals should be familiar with HIPAA, especially the Privacy Rule, which addresses the privacy of individually identifiable health information and protected health information.

Pursuant to HIPAA regulations, *protected health information* (PHI), is defined as "individually identifiable health information" that is transmitted by or maintained in electronic media or transmitted by or maintained in any other form or medium (45 C.F.R. § 160.103, 2013). *Individually identifiable health information* is defined as:

information that is... collected from an individual, and... relates to the past, present, or future physical or mental health or condition of an individual;... that identifies the individual or with respect to which there is a reasonable basis to believe that information can be used to identify the individual (45 C.F.R. §160.103, 2013).

In the Smollett case, it is believed the employees were fired for a HIPAA breach. But what constitutes a breach? A breach is "the acquisition, access, use, or disclosure of [PHI] in a manner not permitted ... which compromises the security or privacy of the [PHI]" (45 C.F.R. § 164.402, 2013). In other words, unpermitted or unauthorized access or use is a breach. Thus, reviewing the medical record of a patient you are not caring for is unauthorized access and a breach. In most electronic medical records systems, such access is blocked by software safeguards.

Who Can Access Medical Records Under HIPAA?

Pursuant to the Privacy Rule of HIPAA, a *covered entity* (which is defined in the regulations as a healthcare provider, healthcare plan, or healthcare clearinghouse) is only permitted to use or disclose protected health information to the individual (patient) or to use in treatment, payment,

or healthcare operations. Thus, unless you are the patient or are rendering care and treatment to the patient, there is no legitimate reason for accessing a patient's medical record and such unauthorized access is a breach (45 C.F.R. § 164.402, 2013; 45 C.F.R. § 160.103, 2013).

Required Sanction Policies

Although not often discussed, there are other required safeguards that covered entities must have under HIPAA regulations (45 C.F.R. § 164.308-312, 2013). Under the administrative safeguards, there is a sanction policy that states the covered entity must have and "apply appropriate sanctions against workforce members who fail to comply with the security policies and procedures of the covered entity" (45 C.F.R. § 164.308a(1)(ii)C, 2013). Thus, every hospital system or covered entity that has electronic health records is required to have policies and procedures that address ramifications and consequences of unauthorized access to medical records. Such a policy may discuss termination for such a violation.

In the Smollett case, CBS news obtained a copy of the Chicago hospital's policies and procedures related to HIPAA violations. As with most disciplinary policies, the Chicago hospital has a tiered policy. For example, a level 1 violation may be misdialing a fax number, which would result in retraining, and a level 2 violation may be sharing a password, which would lead to human resources being notified. However, a level 3 violation, such as "intentionally accessing a patient's record for which he/she has no business purpose," is punishable by termination or legal action (Martinez, 2019).

Consequences for Unauthorized Access: Not Just Termination

A HIPAA breach can result in steep penalties, such as termination, fines, prison time, loss of nursing license, and exposure to litigation. At-will employees (which is the status of most nurses) work at the pleasure of the employer without a contract; therefore, they can be terminated for any reason. In the Smollett case, the initial consequence was termination; however, that is not the only worrisome consequence.

Another dire consequence of a HIPAA breach is the littleknown "notice to the public," which includes notification to the state board of nursing (BON) and potential future employers, as follows:

Whenever a proposed penalty becomes final, the Secretary will notify, in such manner as the Secretary deems appropriate, the public and the following organizations and entities thereof and the reason it was imposed: the appropriate State or local medical or professional organization, the appropriate State agency or agencies administering or supervising the administration of State health care programs (as defined in 42 U.S.C. 1320a-7(h)), the appropriate utilization and quality control peer review organization, and the appropriate State or local licensing agency or organization (including the agency specified in 42 U.S.C. 1395aa(a), 1396a(a)(33)). (45 C.F.R. § 160.426, 2013)

When a HIPAA breach occurs, the secretary of the Department of Health and Human Services can notify the state BON, which ultimately can impact licensure status. The U.S. Department of Justice has held that covered entities and specified individuals who "knowingly" obtain or disclose individually identifiable health information in violation of the Administrative Simplification Regulations face a fine of up to \$50,000 and/or imprisonment up to one year. The penalty can be increased to a \$100,000 fine and/or up to five years in prison for violations "committed under false pretenses." Finally, offenses committed "with intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain or malicious harm" permit fines of up to \$250,000 and/or imprisonment for up to 10 years (42 U.S.C. § 1320d-6, 2009; Bradbury, 2005).

Reporting a Breach

There are strict reporting requirements after a HIPAA breach. Pursuant to HIPAA Regulation 45:

A covered entity shall, following the discovery of a breach of unsecured protected information, notify each individual whose unsecured protected health information has been, or is reasonably believed by the covered entity to have been, accessed, acquired, used or disclosed as a result of such breach (45 C.F.R. 164.404, 2013).

In the Smollett case, this means the covered entity, or hospital, had to notify Smollett if such a breach occurred. If the breach involved more than 500 individuals, the public would also need to be notified. Additionally, under HIPAA Regulation 45 C.F.R. § 164.408 (2013), "a covered entity shall, following the discovery of a breach of unsecured protected health information," notify the secretary of the Department of Health and Human Services, who can notify state BONs.

Conclusion

To avoid violations, hospitals and their administrators should be aware that according to the Office of Civil Rights, breaches such as those in the Smollet case are common and provide an example of how the biggest threat to security often comes from an organizational insider. "Insider threats" or security risks posed by people who already have access to a provider's system are a recurring threat (Severino, 2018). Thus, hospitals should ensure that personnel are aware of HIPAA rules and the hospitals' policy on consequences regarding such breaches.

Likewise, nurses must remain respectful of patient privacy. Before there were HIPAA rules, there were privacy and confidentiality rules. Simply do not look for, or disclose, private information. Nurses should review and know their hospital's HIPAA policy and the consequences of a violation. Additionally, when discussing patients or accessing patient records, nurses should continue to avoid careless mistakes. Finally, nurses need to be familiar with the social media policy of their state BON.

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- Donna M. De Simone, JD, MS, APRN-CNP, APRN-CNS, FNP-C, CPN, is President, De Simone Law, PLLC, Tulsa, Oklahoma.



What You Need to Know: Federal/Military Nurses and Spouses

Federal, Veterans Administration, Military and Indian Health Services Nurses

The Nurse Licensure Compact (NLC) allows a nurse (registered nurses [RNs] and licensed practical/vocational nurses [LPN/VNs]) to have one multistate license in the primary state of residence (the home state) and to practice in other compact states (remote states), while subject to each state's practice laws. Advanced practice registered nurses (APRNs) are not included in the NLC.

Based on federal supremacy, nurses in this category are exempt from licensure in the state of practice when they hold an active nurse license in any state. This exemption does not apply when a nurse is practicing in a civilian facility in a non-federal role. In this case, the nurse will need to hold appropriate licensure in the state of practice.

Although federal supremacy exempts a nurse from holding a license in the state of practice when they hold an active nurse license in any state, this pertains to a single state license. If a nurse in this category wishes to hold a multistate license, the nurse must have legal residency in an NLC state. Such nurses may utilize military form 2058 as proof of legal residency. This residency requirement only pertains to the multistate license and not to the single state license.

A nurse working in a remote NLC state in federal/military facility may practice on single state license issued by the remote NLC state and is not required to obtain a multistate license from the home NLC state.

A nurse employed by the federal government holding a multistate license in the primary state of residence shall not hold an additional single state license in any remote NLC state. This is because the multistate license provides the authority for the nurse to practice in all NLC states.

Military Spouses who are Nurses

Maintaining or changing a primary state of legal residency is at the discretion of the nurse. Should a nurse maintain legal residency in a NLC state and hold a multistate license and the military family is stationed in other NLC states, the nurse may practice under the home state multistate license in the other NLC states without obtaining additional licensure in those states.

Example Scenario

Mary Smith is a military spouse with primary state of legal residency in Florida (an NLC state). Mary holds a Florida multistate license. The Smith family is a military family and has been stationed in Virginia (an NLC state) for 2 years. Mary is able to practice in Virginia under the Florida multistate license as long as she maintains legal residency in Florida during her time in Virginia. Therefore, Mary does not need to apply for a Virginia license. After living in Virginia, Mary's family is ordered to a base in Texas (an NLC state) for several years. Similarly, Mary is able to practice in Texas under the Florida multistate license while maintaining Florida as her state of legal residency. If Mary's family were to be stationed in a non-compact state, then she would need to hold a license issued by that state or apply for license by endorsement with that state. This assumes that, as a spouse, Mary is not working in a federal capacity. Nevertheless, while her family is temporarily stationed in this non-compact state, she may choose to continue to maintain Florida as her legal state of residency.

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Missouri Nursing Board Approves “Earn While You Learn to Be an RN” Program in an Ongoing Effort to Combat State Nursing Shortage

December 19, 2019

Jefferson City, MO - The Missouri State Board of Nursing has directed its attention toward encouraging educators to develop new and innovative ways to get more qualified nursing graduates into the workforce. This month, the Board showed their support in a way that was fast and focused, making it easier for nursing students to learn and acclimate to the healthcare environment quickly and earn a salary while doing it.

The Board, using some of the flexibility allowed in its regulations, was able to approve a new model of nursing education less than 48 hours after it was requested – clearing the way for students to enter the pilot program in January 2020.

The curriculum change was a collaborative request made by East Central College (ECC) in Union, MO, Mercy Hospital Washington (MHW) in Washington, MO, and Missouri Baptist Sullivan Hospital (MBSH) in Sullivan, MO. The group asked for a curriculum change allowing them to introduce a new model of nursing education called “Earn While You Learn to be an RN,” which transforms the clinical learning experience by immersing fourth semester associate degree in nursing (ADN) students in an “earn while you learn” model of clinical education. This model is an avenue to combat the nursing shortage and to reduce new nurse turnover rates.

Fourth semester students will earn a wage while engaging in hands-on clinical learning via an apprenticeship model of teaching and learning. The model will serve to help increase student confidence by combining education with real world clinical practice as they become acclimated to the healthcare culture.

“I continue to applaud the visionary and creative ways that our nursing education programs are educating future nurses,” said **Lori Scheidt**, executive director of the Missouri State Board of Nursing. “This is a remarkable collaboration between our state board, a nursing program and nursing employers that offers a new apprenticeship model, giving those interested in joining the profession a way to earn wages while learning. This is a win-win for all Missouri citizens.”



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Moments with Marcus

Leading While Standing

By Marcus Engel

Several years ago, a leadership guru named Simon Sinek released a book, “Leaders Eat Last.” The concept is pretty simple: above all other things, leaders take care of their people. They’ll be sure their people are all fed before they’ll eat themselves. “Fed” might mean actual food, but it can speak metaphorically to any resource, including time. That’s the nurse manager who covers for one of her bedside nurses when a family emergency arises. Or giving the gift of presence when a fellow nurse needs to vent. Or offering extra hands in one of those messy nursing situations instead of saying, “Not my patient.” Leadership is a lot of things.

A few weeks ago, I got to witness this in action while working with a hospital in North Carolina. The committee that put together the conference was pretty huge. Like, 30 or 40 people from all professions throughout. Nurses chaired the group, but everyone was represented, from the C-suite to non-clinical. Attendees had to register in advance and (a good problem to have), the event soon reached capacity. Still, requests to attend kept coming in. So, the conference committee made a decision: committee members would all give up their seats so more of their friends and colleagues could join. And, they did. For hours. Through awards and recognitions, through my keynote and the coffee breaks. The committee members not only gave up their seats for lunch... but they gave up their lunches, too. Catering hadn’t planned for an extra 100 heads, so the committee had to send out for pizza. I mean, it’s the literal practice of that principle of leadership.

There are few things where I’d voluntarily spend hours standing. Maybe a Springsteen or Rolling Stones concert. Maybe a Mardi Gras celebration. Maybe something that included fishing. But, to spend hours on my feet for a conference? Probably not.

Yet, would I stand for anyone on our team here at the I’m Here Movement? In a heartbeat. And not just for hours... but as long as it was needed. I can’t do what I do if I don’t have my people. When you help people, it is leadership.

In fact, just showing compassion is leadership. When you witness a patient or family member who needs a hand to hold, when you extend that hand, it is compassion... and it’s leadership. Kinda cool how two seemingly different things can ultimately be so aligned, huh?

I was so glad to see this demonstrated so well through inter-professionalism. I’m glad as we progress as a society, and in our world of healthcare, we’re seeing greater degrees of teamwork across professions than ever before. There’s work to be done. And we all know that advancement takes trust. Who better than nurses, the most trusted profession in our country, to take the lead on being sure everyone is fed?



Marcus Engel

Innovative Partnerships Help Combat the Nursing Shortage in Missouri

Like many healthcare providers, Health Systems, Inc. (HSI) had a problem. They had long-term care facilities within the HSI system, but, had trouble finding enough qualified and licensed LPN's to staff their facilities, including a nursing home in Troy, MO. The normal recruitment processes weren't working to fill the many openings they had for nursing staff, so HSI decided to try a different approach.

“We advertised and held job fairs, our upper management even tried some international recruitment,” said Lori Forbeck, Nurse Educator for HSI. “But hiring nurses, especially those to serve in rural areas proved to be very difficult – the qualified nurses just weren’t available. I made a comment to my boss that I wished we could grow our own nurses to fill these openings and, with her support, began looking for options to help us do that.”

Forbeck reached out to the Missouri Board of Nursing to inquire about the approval process for establishing a new practical nursing program in the state. The Board recommended that it might be more efficient for HSI to pursue a partnership with an institution of higher education, already serving the Troy area, to provide practical nursing education. HSI was put in touch with the St. Charles Community College Practical Nursing Program to discuss establishing a new program site in Troy.

“This partnership between St. Charles Community College and Health Systems, Inc. is a great example of businesses, educators and the Missouri Board of Nursing working collaboratively to address the nursing shortage, especially in our rural communities,” said Lori Scheidt, Executive Director of the Missouri Board of Nursing.

HSI provided the nursing program with training facilities in close proximity to their long-term care facility in Troy. These facilities include a large multi-purpose classroom as well as skills, simulation and computer labs to meet instructional needs of students at the site. St. Charles Community College is utilizing ITV equipment to remotely connect students to their classes at the main campus. The teaching faculty plan to provide real-time instruction from the main campus, in addition to the program expansion site in Troy. At least one nursing faculty member will be permanently stationed at the Troy expansion site to oversee theory, lab and clinical instruction, as well as providing support for nursing students.

HSI employees, currently working in health-care related positions, are offered the opportunity to complete the practical nursing program with financial support from their employer. Currently, seven students have been accepted into the program. These seven are already certified nurse aides working for the nursing home. This is a good model for retention, as the participants already live in the community and work for HSI.

“The program is serving the needs of both the company and our students, many of who would not have otherwise been able to pursue higher education,” Forbeck said. “Because we partnered with others to bring nursing education to our students, we are able to grow our own workforce and provide them with an opportunity that may have otherwise been out of reach. We’re very interested in the possibility of expanding this to other areas of the state.”

Davenport Offering New Degree Pathways for Veterans

Reprinted with permission from Grand Rapids Business Journal and Justin Dawes.

By Justin Dawes



Following success of nursing program, new ventures will include business and technology offerings.

(As seen on WZZM TV 13) Davenport University has created new pathways, enabling veterans to leverage military experience for academic credit and earn a four-year degree in as little as three years.

Enabled by a Military Credit Equivalency Grant, veterans will be able to use their military training and experience toward degrees in business, technology or health professions.

"It's incumbent upon us leaders in higher education to recruit and retain veterans — our nation's heroes — addressing the barriers they face to ultimately combat income inequality and increase economic growth and global competitiveness in our state," said Richard Pappas, Davenport's president.

The new pathways are in addition to a veteran pathway toward a bachelor of science in nursing, which was launched nearly five years ago. Through this program, Davenport has seen retention of military medical nursing students increase from 75% to 90%; increased graduation rates to 60%, exceeding the national rate of 53%; and a 100% pass rate of the nursing board exams.

Karen Daley, dean of Davenport's College of Health Professions, arranged a visit to Fort Sam Houston in San Antonio, where military medic training takes place.

Staff compared the military training to Davenport's classes to determine which credits could be counted as fulfilled by military-trained individuals. Totaling about 30 credits, some of them are for basic classes and some are even for higher-level classes, according to Jason Bos, partnership manager of military for Davenport.

"What they're learning is so relevant and so aligned with what we teach at Davenport," he said.

Using the nursing program design, Davenport began considering what other degrees could be offered, Bos said. He said that in many of these programs, veterans wouldn't be learning much in certain classes because they already have real-world experience.

Davenport was able to create more than 600 course equivalency credits for military personnel and veterans for the new pathways.

"The whole goal for us is to do what's right for the service members," Bos said.

With a lot of veterans on Davenport's staff, including Bos, he said the staff works to ensure veterans have a smooth transition.

Davenport gives a 20% scholarship to active military and their family members. Davenport also participates in the federal Yellow Ribbon Program, offering a reduced tuition rate so veterans can have tuition covered by the U.S. Department of Veteran Affairs.

The university also offers a workshop that educates administrators, faculty, staff and students about military student experiences and how to support them in an educational setting. It includes a boot camp simulation experience. This program has been in place for multiple years and is meant to strengthen the relationship of all students and employees throughout the university.

Christopher Marx, Davenport's registrar, was asked to speak nationally on the school's program and approach to supporting military personnel. He'll speak of the university's experiences and credit matrix at the National Association for Student Personnel Administrators in Seattle in February and at the Council of College and Military Educators in Philadelphia in March.

Justin Dawes is a Grand Rapids Business Journal staff reporter who covers economic development, health care, higher education, nonprofits, travel and tourism, the lakeshore and county government. Email Justin at jdawes@grbj.com. Follow him on Twitter @dawes_justin

Alabama Implements the Nurse Licensure Compact

Posted 12/30/2019

On Jan. 1, 2020, Alabama will join 31 other states in implementing the NLC, which allows for RNs and LPN/VNs, whose primary state of residence is in an NLC state, to hold one multistate license, with the authority to practice in person or via telehealth, in both their home state and other NLC states.

CHICAGO - On Jan. 1, 2020, Alabama will join 31 other states in implementing the Nurse Licensure Compact (NLC), which allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs), whose primary state of residence is in an NLC state, to hold one multistate license, with the authority to practice in person or via telehealth, in both their home state and other NLC states.

As of Jan. 1, 2020, nurses whose primary state of residence is in an NLC state and who hold a multistate license are able to practice in Alabama, in person or telephonically.

Also, beginning Jan. 1, 2020, an Alabama licensee with residency in Alabama can apply to convert their single state Alabama license to a multistate license. The conversion application can be found on the Alabama Board of Nursing website, under "My Profile." It is not necessary for Alabama nurses to wait until the next renewal period in order to apply.

"Thanks to the NLC legislation, Alabama nurses will have greater mobility and reduced regulatory burdens. Simultaneously, citizens of Alabama will have increased access to care, and public protection will continue to be maintained at the state level," commented Peggy Benson, MSN, MSHA, NE-BC, executive officer, Alabama Board of Nursing.

Requirements for a multistate license are aligned in NLC states. This includes a requirement for a federal and state fingerprint-based criminal background check that will be conducted on all applicants for multistate licensure.

The NLC also enables nurses to provide telehealth nursing services to patients located in other NLC states without having to obtain additional licenses. In the event of a disaster, nurses from multiple states can easily respond to supply vital services. Primary care nurses, nurse case managers, transport nurses, school home health and hospice nurses, among many others, need to routinely cross state boundaries to provide the public with access to nursing services, and a multistate license facilitates this process.

For general information about the NLC multistate license visit www.ncsbn.org/nlc. For questions about the Alabama conversion application, contact the Alabama Board of Nursing at abn@abn.alabama.gov, by phone at 1.800.656.5318, or visit www.abn.alabama.gov.

Although Indiana and New Jersey have enacted the NLC, they have not yet implemented it. Therefore, a nurse residing in one of these states may not obtain a multistate license until the implementation is complete. Also, a nurse whose primary state of residence is in an NLC state and who holds a multistate license is not able to practice in Indiana and New Jersey under the multistate license until these states implement the NLC. Implementation dates are not known at this time. Once available, the dates will be posted on the NLC website.

About NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN's membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 25 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not individual members.

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Disciplinary Actions**

The disciplinary actions shown in this newsletter are for the time period of September 1, 2019 to November 30, 2019.

You should not use this newsletter to verify license discipline or status. Look up a license using QuickConfirm at www.nursys.com to obtain current license and discipline status. If you are an employer, you should create a Nursys e-Notify® institution account at www.nursys.com in order to receive real-time alerts of any license or discipline status updates.

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

- • • • • • • • • • • • • • • •
- **The Board of Nursing is requesting contact from the following individuals:**
- •

Heather Marie Frey –
PN 2001022468

Chastity Ann Fry –
PN 2002027756

Charris Jonea Reily –
PN 2005008915

- If anyone has knowledge of their whereabouts,
- please contact Kristi at 573-751-0082 or send an email to nursing@pr.mo.gov
- • • • • • • • • • • • • • • •

CENSURE

Morgan, Kelly Sue
Republic, MO

Licensed Practical Nurse 2009024673

On November 7, 2018, Licensee reported to management that a resident had passed away. When speaking with management and asked code status, Licensee indicated that the resident was a full code. When questioned if CPR was initiated, Licensee admitted to giving just four or five chest compressions. She further admitted she did not check the patient's code status before responding to the situation, nor did she call 911.

Censure 09/18/2019

Wilkes, Cara Ann
Royal Oak, MI

Registered Nurse 2017027420

In December 2018, it was reported that Licensee was found with an IV and Lactated Ringers Infusing in her arm in the locker room. During an investigation of the incident, it was found that some fluid bags were removed by Licensee under different patient names despite these specific patients not having an order for an IV.

Censure 10/15/2019

Schuh, Sara Luanne
Springfield, MO

Registered Nurse 2005006245

From April 26, 2018 until the filing of the Complaint, Respondent failed to check in with NTS on four (4) days, and failed to check in within the required time window on one (1) day. In addition, on June 19, 2018 and September 24, 2018, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. On June 19, 2018, the low creatinine reading was 16.9. Respondent's creatinine reading was 14.7 for the September 24, 2018 sample. On June 12, 2019, the Board received notification from Respondent's dentist stating that Respondent had verbally informed him of her disciplinary order and requested he send the Prescription Identification form, but did not show him any physical paperwork of the Agreement.

Censure 09/17/2019

Daniels, Jessica Lee
Aurora, MO

Licensed Practical Nurse 2012031100

On March 27, 2018, Licensee gave one of her personally prescribed Xanax pills to a coworker, whom Licensee

believed to be having an anxiety attack. Licensee admitted to giving her coworker a Xanax pill that was from her personal prescription. Licensee's act of giving her coworker a Xanax pill was not pursuant to a physician order.

Censure 09/20/2019

Horton, Carol A

Saint Louis, MO

Registered Nurse 051073

Licensee practiced nursing in Missouri without a license from May 1, 2017 to July 23, 2019.

Censure 10/23/2019

Boyd, Amanda Lynn

Greenfield, MO

Registered Nurse 2013002910

Licensee received verbal warnings on May 11, 2015 and November 17, 2016 for habitual tardiness. On February 27, 2017 and June 28, 2017, Licensee received written reprimands for excessive tardiness with warnings that if the pattern of tardiness continued, she would be terminated. Licensee was terminated on November 17, 2017 for not filing VFC Reports in a timely manner, insubordination, poor communication, poor time management, and habitual tardiness. Licensee was escorted to her office to remove her belongings. In Licensee's desk were eight bottles of pills. Licensee stated that all of the bottles of medication in the desk drawer were from a former patient who was being treated for TB. She stated that she had not disposed of those medications. Licensee administered numerous TB skin tests between September 1, 2017 and November 14, 2017 using expired Tuberculin Purified Protein. All TB tests given after August 31, 2017 were required to be retested to ensure accurate results.

Censure 09/10/2019

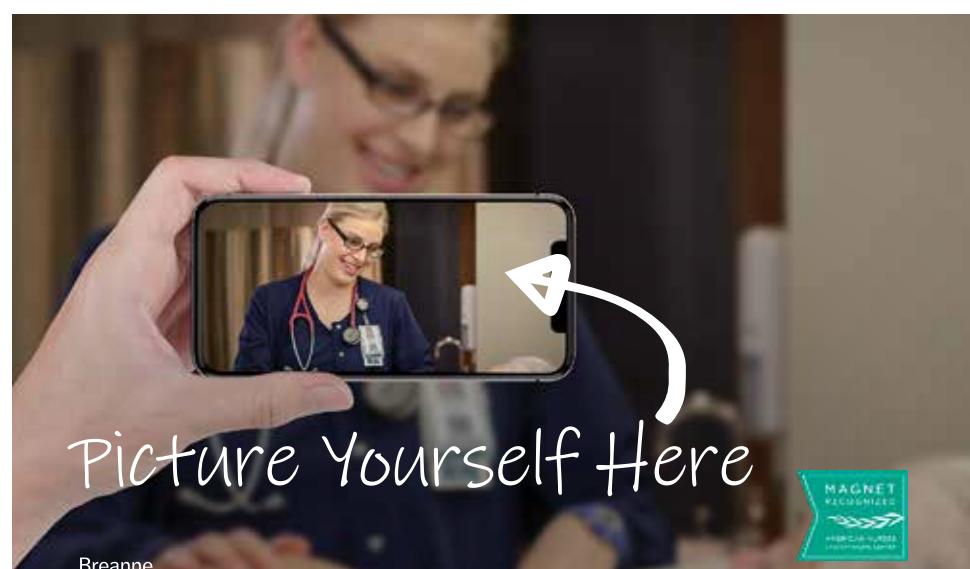
PROBATION

Younger, Rebekah Lynn

Saint Joseph, MO

Registered Nurse 2015023668

From December 5, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on ten (10) days. In addition, on December 12, 2018, Respondent failed to check in with NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on December 12, 2018. On or about February 18, 2019, the Board received an Employment Status Update indicating that Respondent



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Disciplinary Actions**

was not currently working and had been on disability since November 2018. On or about April 16, 2019, the Board received information reporting that Respondent had been employed since October 8, 2018, and was terminated on April 8, 2019. Respondent was initially hired as a Clinical Educator and was an Assistant Director of Nursing at the time of her termination. Both positions required Respondent to carry narcotic keys and have access to and administer narcotics. It was reported that Respondent had failed to show administrators a copy of her Board Order. Administrators further reported that Respondent had failed to inform them of her narcotics restrictions, and Respondent regularly carried narcotics keys and administered controlled substances in her job.

Probation 09/17/2019 to 09/17/2024

Klinge, Daniel Jeffery

Overland Park, KS

Registered Nurse 2010025527

On or about September 1, 2017, Licensee was observed changing out multiple sharps containers, and attempting to open a sharps container and remove items with forceps. When questioned by facility administrators, Licensee was found to have in his possession one (1) syringe hypodermic safety needle, one (1) syringe 0.9% Sodium Chloride, one (1) small bottle of 0.9% Sodium Chloride, and a small bottle of Tromethamine (Toradol). Licensee submitted to a for-cause drug and alcohol screen, which returned positive for Fentanyl and marijuana.

Probation 11/20/2019 to 11/20/2023

Lennon, Natalie Kay

Watertown, NY

Registered Nurse 2016033478

On March 28, 2018, the Colorado State Board of Nursing issued a Stipulation and Final Agency Order admonishing Respondent's Colorado nursing license due to Respondent admittedly submitting a fraudulent diploma to a potential employer indicating that she had received a Bachelor of Science in Nursing when she had actually received an Associate of Science in Nursing. Pursuant to the Order, Respondent was required to complete a Board-approved ethics course within twelve (12) months of the effective date of the Order. On May 16, 2019, the Colorado Board of Nursing issued an Order of Suspension indefinitely suspending Respondent's nursing license effective May 19, 2019, at 5:00 p.m., due to Respondent's failure to complete the required ethics course.

Probation 09/06/2019 to 09/06/2024

Mitchell, Chervene Vernell

Saint Ann, MO

Registered Nurse 2010026016

On September 21, 2018, Licensee engaged in an unprofessional, non-therapeutic discussion with a patient in crisis. Licensee made statements to the patient that were contradictory to supportive, therapeutic nursing care. Licensee attempted to provide psychological therapy to the patient in crisis, utilizing visualization of the patient jumping off a bridge or taking a handful of pills. The patient interpreted the tactics as telling her to do things she did not want to do. The patient and additional witness reported that Licensee told the patient that a treatment procedure is never going to help you, they just want your money. On August 30, 2018, Licensee received counseling for failing to complete rounding on a patient. In September 2018, Licensee received counseling for her attendance. Licensee had four absences and 15 tardies within her first two months of employment. Licensee was terminated on September 28, 2018. On October 9, 2018, the Board received a complaint against Licensee's license and began its investigation. On February 11, 2019, the Board's investigator interviewed Licensee

regarding the complaint. On June 24, 2019, the Board received Licensee's application to renew her nursing license. On her application, Licensee answered no to the question, "Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration, or permit you hold?" Licensee admitted to working on a lapsed license until June 5, 2019.

Probation 09/11/2019 to 09/11/2021

Kinder, Brittni Lane

Dexter, MO

Licensed Practical Nurse 2019042003

On July 21, 2016, Applicant pled guilty to the class C felony of Possession of Controlled Substance Except 35 Grams or Less of Marijuana Methamphetamine, in violation of 195.202 RSMo, in the Circuit Court of Bollinger County, Missouri, in case number 16BO-CR00062-01

Probation 10/31/2019 to 10/31/2021

Myers, Matthew Wayne

Rogersville, MO

Registered Nurse 2013006250

On or about June 9, 2004, Licensee pled guilty to the offense of driving while intoxicated in violation of Springfield, Missouri, city ordinance 22-84. On January 30, 2017, Licensee pled guilty to the class B misdemeanor of DWI-Alcohol. From December 11, 2015, through February 3, 2016, Licensee received outpatient treatment for alcohol dependence. In addition, after his most recent DWI related offense, Licensee successfully completed additional outpatient treatment for alcohol dependence from February 28, 2017, through December 2018, and has abstained from all alcohol use and maintained his sobriety from February 2017 to present.

Probation 09/11/2019 to 09/11/2022

Elbert, Katie Marie

Farmington, MO

Registered Nurse 2012041339

Pharmacy started looking at the controlled substance records and noticed that Licensee was giving medications to patients who did not regularly get or request those types of medications. The information was compared to the electronic medication records and it

PROBATION continued on page 10



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University of Missouri

Disciplinary Actions**

PROBATION continued from page 9

appeared that Licensee was going down the line of patients with controlled drugs and administering them very quickly and not in barcode compliance. It was found that patients were not near the medication window at the time Licensee documented the administration, nor did Licensee take the medication to the patient's room. Thirty-nine (39) tablets of medication Gabapentin was missing and unaccounted for. Licensee admitted to the Board investigator that she had diverted Gabapentin and Tramadol and would do so by pulling it, scanning it, and keeping it for herself.

Probation 09/12/2019 to 09/12/2024

Chandler, Amanda Lee

Ozark, MO

Registered Nurse 2019044855

Applicant was previously licensed by the Board as a registered professional nurse, license number 2012029849. Her license was originally issued on August 23, 2012 and was revoked by an Order of the Board on March 30, 2016. Applicant received treatment at Burrell Behavioral Health from January 22, 2018 until being successfully discharged on September 1, 2018. On November 28, 2018, Applicant received a substance abuse evaluation where she was diagnosed with 303.90 alcohol dependence and 304.40 methamphetamine dependence. Applicant states that she attends 12-step meetings at least once a week, and her sobriety date is June 13, 2017.

Probation 11/26/2019 to 11/26/2024

Wells, Jerry D

Fulton, MO

Registered Nurse 141979

On May 25, 2018, a complaint was filed from a patient who stated she was receiving calls from Licensee. The patient claimed Licensee attempted to ask her out while she was being treated in the Emergency Department and then proceeded to attempt to contact her via phone afterwards, approximately four times. The patient did not give Licensee her contact information. Hospital administration concluded that Licensee's actions were in violation of the hospital's HIPAA Compliance policy. Upon conclusion of the investigation, Licensee's resignation was accepted and made effective immediately, due to using confidential patient information to obtain the patient's phone number and making repeated unwanted calls to a patient.

Probation 09/12/2019 to 09/12/2019

Weinkein, Katie Lynn

Perryville, MO

Registered Nurse 2014040234

Count I

On December 11, 2015, Licensee removed ten (10) vials of narcotics, including Fentanyl, Morphine, and Dilaudid. There was not any written or oral physicians' order for any of the narcotics pulled by Licensee.

Count II

An audit conducted from April 23, 2016 until April 25, 2016 indicated Licensee pulled Dilaudid seven (7) times without a physician's order. The physician stated he had not given an oral or written order for Dilaudid. When questioned by administrators, Licensee admitted to pulling the Dilaudid with intention of ingesting the narcotic, but that she failed to do so and instead wasted the narcotic.

Probation 09/18/2019 to 09/18/2024

9.1. Respondent's creatinine reading was 16.0 for the June 14, 2019 sample. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of January 1, 2019.

Probation 09/06/2019 to 09/06/2023

McIntyre, Rosina M

Doniphan, MO

Registered Nurse 126638

On October 24, 2018, a co-worker reported to management that on October 22, 2018 she observed two (2) Ranexa, packaged in the same manner as from the Accudose, in Licensee's lunchbox. It was indicated that Licensee did not hide them nor did she try to conceal their presence. An audit was conducted of the Accudose, and it was discovered that Licensee had inventoried Ranexa twice on October 21, 2018 and administered the medication once that same day. On October 24, 2018, the inventory was checked again, and ten (10) Ranexa pills were missing. Licensee admitted that she had Ranexa from the facility's pharmacy in her lunchbox. Licensee also admitted she took ten (10) Ranexa from the Accudose with the intent to give it to a patient who had been started on Ranexa 500 mg twice a day. Licensee admitted that the way she dispensed the ten (10) Ranexa tablets was to select the inventory option in the Accudose. Licensee stated that she did not give the medication to the patient, as she had second thoughts about it. Licensee never returned the medication to the facility. On November 20, 2018, Licensee was terminated for diversion of a non-narcotic medication.

Probation 09/10/2019 to 09/10/2020

Keely, Yolanda Yvette

Florissant, MO

Licensed Practical Nurse 2010033484

On April 8, 2018, Licensee was assigned to be the one-on-one sitter for patient C.C. Primary Nurse B.K. placed patient C.C. in room 310 at approximately 00:00, and patient C.C. remained there until 03:42. While patient C.C. was in room 310, the door was closed and locked. Licensee was required to check on patient C.C. every fifteen (15) minutes while he was in seclusion. She was to offer him water and toileting and assess and document his physical and psychological status and comfort every two (2) hours. She was to offer him food every four (4) hours. Video evidence shows that during his seclusion in room 310, patient C.C. had severe diarrhea, which he tried to clean himself using his underwear. He ended up with urine and feces on himself, the floor, the walls, and the bed. Patient C.C. fell four (4) times and came to the door several times

Arnold, Lacie Rose

Liberty, MO

Registered Nurse 2015026471

From February 28, 2018, until the filing of the Complaint, Respondent missed the time window for checking in on six (6) days and failed to check in with NTS on eight (8) days.

Probation 09/06/2019 to 09/06/2022

Sturgis, Julie Denise

Branson, MO

Registered Nurse 2013004754

From June 22, 2017 until the filing of the Complaint, Respondent failed to check in with NTS on four (4) days and failed to check in with the time window on six (6) days. Further, on August 13, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on November 29, 2018 and June 14, 2019, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. On November 29, 2018, the low creatinine reading was



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Disciplinary Actions**

during the course of his seclusion. Licensee was not seen on video entering the room or attempting to assist the patient. Licensee documented patient safety rounds in the close observation room at 00:15, 00:30, 00:45, 01:00, 01:15, 01:30, 01:45, 02:00, 02:15, 02:30, 02:45, 03:00, 03:15, 03:30, and 03:45. Licensee indicated she heard patient C.C. fall once at approximately 02:50 and discovered that he had stool smeared all over himself and the room. Licensee stated she alerted nurse B.K. of the findings around 02:50, then took a break, refusing to help clean the patient or the room. No one is seen entering room 310 to assist patient C.C. until approximately 03:42.

Probation 10/15/2019 to 10/15/2022

Comstock, Monique Michelle

Kansas City, MO

Registered Nurse 2010033472

On March 9, 2018, a member of The Burn Team Snapchat group sent a message to all members of the group with a video recording of a nurse operating a patient's wheelchair outside of the Burn Unit. Respondent read the message and sent a picture of the patient's pelvic area that had been taken during his hospital treatment to all members of the group with a caption. Respondent admitted to sending the photograph. Respondent admitted to accessing a photo of the patient which was stored in a file on a Burn Unit computer.

Probation 09/09/2019 to 09/09/2022

Wheeler, Donald Duane

Joplin, MO

Registered Nurse 2004026162

COUNT I

On May 21, 2018, co-workers witnessed hearing, through the closed door to Respondent's office, short bursts of hissing coming from Respondent's office followed by choking/coughing noises. Later, Respondent was observed by co-workers to be passed out in his office with a can of air and a plastic sack in his lap. Upon Respondent being escorted outside for questioning, the DON and ADON surveyed Respondent's office and noted three (3) cans of air used to clean keyboards in the trash. Respondent admitted to huffing canned air in the facility and he indicated he started at approximately 1200 on Monday, May 21, 2018. Respondent also admitted, in a statement submitted to the Board, that he was huffing canned air on May 21, 2018.

COUNT II

A co-worker witnessed Respondent to have medication in his hand and Respondent asked her if she would like a Zofran. The medication cart audit noted six (6)

silver packets of Zofran were missing. Respondent was interviewed by the DON, the ADON, and the Assistant Regional Nurse, where Respondent admitted to being in the medication cart and taking Zofran out of the medication cart for personal use. Respondent also admitted, in a statement to the Board, that he took a tablet of Zofran without authorization.

Probation 09/17/2019 to 11/03/2019

Cooley, Celeste Erline

Jefferson City, MO

Licensed Practical Nurse 2007031271

On April 25, 2018, Respondent pled guilty to the class C felony of Delivery of Controlled Substance Except 35 Grams or Less of Marijuana or Synthetic Cannabinoid; the class E felony of Delivery of 35 Grams or Less of Marijuana or Synthetic Cannabinoid; and the class D felony of Possession of Controlled Substance Except 35 Grams or Less of Marijuana/Synthetic Cannabinoid, in the Circuit Court of Cole County, Missouri.

Probation 09/12/2019 to 09/12/2023

REVOCATION

Kostelac, Charity Lynne

East St Louis, IL

Registered Nurse 2006011931

On March 26, 2019, Respondent pled guilty to seven (7) counts of the offense of Obtaining a Controlled Substance by Fraud in the United States District Court, Southern District of Illinois. Respondent also pled guilty to the offense of Attempting to Obtain a Controlled Substance by Fraud. On January 29, 2019, the Illinois State Division of Professional Regulation issued an Order of Refusal to Renew denying the renewal of Respondent's Illinois nursing license, based on Respondent's guilty pleas.

Revoked 09/06/2019

Corbin, Regina Kay

Kennett, MO

Licensed Practical Nurse 2006034649

The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of October 29, 2018 and January 28, 2019. In accordance with the terms of the Order, Respondent was required to obtain specific continuing education hours. As of the filing of the Complaint, the Board had not received proof of any completed hours by the documentation due date of April 16, 2019.

Revoked 09/03/2019

Tooley, Donna M

High Ridge, MO

Registered Nurse 146441

On March 1, 2019, Respondent pled guilty to: the class E felony of Abandonment of a Corpse; the class E felony of Perjury in a Procedure Not Involving a Felony Charge; and, the class E felony of Tampering with Physical Evidence in Felony Prosecution, in the Circuit Court of Jefferson County, Missouri, in case number 17JE-CR00245-01. Respondent was sentenced to four (4) years of incarceration in the Missouri Department of Corrections with the execution of sentence suspended pending completion of five (5) years of supervised probation.

Revoked 09/09/2019

Irwin, Tracy L

Affton, MO

Registered Nurse 2007011285

From April 24, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on ninety (90) days, and failed to check in within the required time window on six (6) days. Respondent stopped checking in with NTS on April 2, 2019. Further, on April 27, 2018, and April 1, 2019, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on April 12, 2019, April 25, 2019, May 5, 2019, and May 23, 2019, Respondent failed to check in with NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on April 12, 2019, April 25, 2019, May 5, 2019, and May 23, 2019. In addition, on two occasions, June 15 and 28, 2018, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. Respondent's creatinine reading was 4.0 for the June 15, 2018 sample. The creatinine reading for the test on June 28, 2018, was 16.9. On February 12, 2019, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxycodone and Oxymorphone. On February 28, 2019, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxazepam and Temazepam. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of April 16, 2019. The Board did not receive proof of continued support group attendance by the quarterly due dates of January 16, 2019, and April 16, 2019.

Revoked 09/09/2019

REVOCATION continued on page 12

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Disciplinary Actions**

REVOCATION continued from page 11

Taylor, Christina Alexandria

Saint Louis, MO

Licensed Practical Nurse 2013041046

From May 8, 2019 until the filing of the Complaint, Respondent failed to check in within the time frame to NTS on two (2) days. Further, on May 15, 2019, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on June 3, 2019 and June 17, 2019, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. On June 3, 2019, the low creatinine reading was 2.1. Respondent's creatinine reading was 4.0 for the June 17, 2019 sample. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the due date of May 29, 2019. In accordance with the terms of the Order, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on April 23, 2019. Respondent did not attend the meeting.

Revoked 09/06/2019

Campbell, Nicole Lyne

Kansas City, MO

Registered Nurse 2007025115

From October 11, 2018 until the filing of the Complaint, Respondent failed to check in with NTS on three (3) days, and failed to check in within the required time window on one (1) day. Further, on November 16, 2018; November 29, 2018; December 19, 2018; December 27, 2018; January 9, 2019; and, May 1, 2019, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of April 10, 2019. The Board did not receive an updated mental

health evaluation submitted on Respondent's behalf by the quarterly due date of April 10, 2019. Pursuant to the Order, Respondent was required to show a copy of the Order to her employer. On May 9, 2019, it was reported to the Board that Respondent shared a copy of her Settlement Agreement, but did not share a copy of the Order with her employer. As a result of Respondent's failure to show a copy of the Order to her employer, Respondent was allowed to pass narcotics in violation of the Order. Respondent's nursing license lapsed on April 30, 2019, and she continued to work as a nurse without a valid license until it was discovered her license was not active and she was terminated.

Revoked 09/06/2019

of time. Further, video showed Respondent putting some pills in her pockets. Respondent documented she had administered several medications to patients. When questioned, the patients denied ever receiving their pain medication. Respondent was asked to submit to a for-cause drug screen on July 2, 2017. Respondent's drug screen was returned positive for Alprazolam, Hydromorphone, Oxycodone, Oxymorphone, Amphetamine, and Methamphetamine on July 25, 2017. Respondent provided a prescription list that included Alprazolam, Zolpidem, Hydrocodone, and Amphetamine. Respondent admitted to the Board's investigator that she had taken her brother's Percocet for pain. Percocet contains Oxycodone.

Count III

On or about July 23, 2017, a CNA reported to Respondent that a resident was unresponsive. The patient was a full-code; however, Respondent failed to call 911 and initiate CPR. The patient was later pronounced deceased. In an investigation into Respondent's failure to initiate CPR, it was determined that Respondent incorrectly administered the patient's tube feeding.

Revoked 09/17/2019

Campbell, Robin Kaye

Cape Girardeau, MO

Licensed Practical Nurse 2010035701

Respondent never completed the contract process with NTS. In accordance with the terms of the Order, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on July 17, 2018. Prior to the meeting date, Respondent called the Board and stated she could not drive to the Board's office in Jefferson City for the meeting. Respondent was offered a telephone meeting; however, Respondent failed to submit the required contact information for a telephone meeting. Respondent did not attend or participate in the meeting. Pursuant to the terms of Respondent's probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment on a quarterly basis. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of September 28, 2018.

Revoked 11/25/2019

Krajewski, Desiree Cheri

Jackson, MO

Registered Nurse 2008021449

From February 21, 2019 until the filing of the Complaint on June 24, 2019, Respondent failed to check in with NTS on two (2) days. In addition, on April 9, 2019, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 18.7. On May 30, 2019, Respondent pled guilty to the class B misdemeanor of driving while intoxicated, in the Circuit Court of Madison County, Missouri, for events occurring on January 23, 2019.

Revoked 09/17/2019

Gurkin, Anita Linn

Granite City, IL

Registered Nurse 2012023339

Count I

On April 22, 2017 at 1922, Respondent removed two Hydrocodone from the Med Dispense for a patient not assigned to her. Respondent did not document the administration, waste, or return of the two Hydrocodone. On April 22, 2017 at 2032, Respondent removed two (2) Alprazolam from the Med Dispense for a patient. Again on April 22, 2017, at 2239, Respondent removed two (2) Alprazolam from the Med Dispense the patient. Respondent did not document the administration, waste, or return of the four (4) tablets of Alprazolam. Respondent stated she had been on her own pain medication and her mind was not clear.

Count II

Respondent was witnessed to be working in the medication cart most of the night, removing multiple medications at one time, placing them in different cups then disappearing out of the camera view for short periods

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Disciplinary Actions**

On April 1, 2019, the Kansas State Board of Nursing took final disciplinary action and issued a Summary Order suspending the nursing license of Respondent due to Respondent acting in an unprofessional, personal manner toward a home health patient. The Summary Order became effective as a Final Order on April 19, 2019.

Revoked 09/06/2019

SUSPENSION

Jones, Nicole Lanese

Kirkwood, MO

Licensed Practical Nurse 2009035578

Failure to comply with the requirements of the Missouri Intervention Program Non-Disciplinary Consent Agreement.

Suspension 11/04/2019

Rutledge, Aaron Paul

Shawnee Mission, KS

Registered Nurse 2018029264

Failure to comply with the requirements of the Missouri Intervention Program Non-Disciplinary Consent Agreement.

Suspension 11/04/2019

Tanner, Monica Marie

Saint Charles, MO

Registered Nurse 2010019616

Failure to comply with the requirements of the Missouri Intervention Program Non-Disciplinary Consent Agreement

Suspension 09/11/2019

Napier, Derek Lee

Hollister, MO

Licensed Practical Nurse 2014004754

Failure to comply with the requirements of the Missouri Intervention Program Non-Disciplinary Consent Agreement.

Suspension 11/04/2019

Dobson, Virginia L

Kansas City, MO

Registered Nurse 155803

Failure to comply with the requirements of the Missouri Intervention Program Non-Disciplinary Consent Agreement.

Suspension 11/04/2019

Baird, Cynthia

Springfield, MO

Registered Nurse 111206

Failure to comply with the requirements of the Missouri Intervention Program Non-Disciplinary Consent Agreement.

Suspension 10/10/2019

Howard, Clarissa Lydia

Saint Joseph, MO

Licensed Practical Nurse 2015023618

Failure to comply with the requirements of the Missouri Intervention Program Non-Disciplinary Consent Agreement.

Suspension 09/30/2019

Sudbeck, Benjamin Jacob

Shawnee Mission, KS

Registered Nurse 2012024322

Failure to comply with the requirements of the Missouri Intervention Program Non-Disciplinary Consent Agreement.

Suspension 09/30/2019

Parrow, Lillian Aura

Springfield, MO

Licensed Practical Nurse 2015002541

On September 14, 2018, Respondent pled guilty to the class C felony of DWI - Alcohol - Aggravated Offender, in the Circuit Court Greene County, Missouri. Respondent was sentenced to seven (7) years in the Missouri Department of Corrections with the execution of sentence suspended upon completion of five (5) years of supervised probation.

Suspension 09/17/2019 to 09/17/2020; Probation 09/18/2020 to 09/18/2025

Rhodes, Alexis Jade

Macon, MO

Registered Nurse 2015004471

Failure to comply with the requirements of the Missouri Intervention Program Non-Disciplinary Consent Agreement.

Suspension 11/26/2019

Davis, Tara Alene

Jefferson City, MO

Licensed Practical Nurse 2013007037

Failure to comply with the requirements of the Missouri Intervention Program Non-Disciplinary Consent Agreement.

Suspension 11/25/2019

VOLUNTARY SURRENDER

Gay, Joy Lee

Rolla, MO

Licensed Practical Nurse 2010031418

Count I

On or about December 7, 2017, it was found that a patient's PRN morphine bottle had been tampered with. All employees with access to medications from November 26, 2017 to December 7, 2017, were drug tested, including Respondent. While completing the drug screen on December 11, 2017, Respondent fell off the toilet and appeared to be impaired. Respondent's drug screen completed on December 11, 2017, was returned positive for opiates/morphine. Further investigation by the Missouri Veterans Home revealed that a second morphine bottle had been tampered with between December 8, 2017, and December 11, 2017.

Count II

On or about March 7, 2019, Respondent pled guilty to the class B misdemeanor of Intentional Inhalation of the Fumes or Inducing Another to Inhale the Fumes of Any Solvents, in violation of §579.097, RSMo., and the class B misdemeanor of Operating a Motor Vehicle in a Careless and Imprudent Manner, in violation of §304.012, RSMo., in the Circuit Court of Phelps County, Missouri.

Count III

VOLUNTARY SURRENDER continued on page 14

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Disciplinary Actions**

VOLUNTARY SURRENDER continued from page 13

On or about June 14, 2016, Respondent pled guilty to the class B misdemeanor of Driving While Intoxicated-Drug Intoxication-Compressed Air, in violation of §577.010, RSMo., in the Circuit Court of Phelps County, Missouri.

Count IV

On January 5, 2016, Respondent was found guilty of the class B misdemeanor of Intentionally Inhale/Smell The Fumes Or Induce Another To Smell The Fumes Of Any Solvents, in violation of §578.250, RSMo., in the Circuit Court of Pulaski County, Missouri.

On March 14, 2018, Respondent was indicted of the class E felony of inhalation of solvent fumes on or about May 20, 2017, in violation of §579.097, RSMo., in the Circuit Court of Phelps County, Missouri.

On January 24, 2018, Respondent was indicted of the class E felony of inhalation of solvent fumes on or about August 10, 2017, in violation of § 579.097, RSMo., in the Circuit Court of Phelps County, Missouri.

Count V

On or about June 28, 2017, Respondent pled guilty to willfully and knowingly embezzling, stealing, purloining, and converting to her use money and property belonging to the United States Government consisting of prescription medications, in violation of Title 18, U.S.C. § 641, in the United States District Court for the Eastern District of North Carolina, Western Division.

On or about March 30, 2018, Respondent admitted to guilt to violation of conditions of the terms of her probation, specifically, committing another federal, state or local crime, failing to answer truthfully to questions asked by her probation officer, and failing to promptly notify her probation officer of being arrested or questioned by a law enforcement officer, in the United States District Court for the Eastern District of Missouri, Eastern Division. Respondent was committed to the custody of the Bureau of Prisons for a term of three (3) months and, upon release,

placed on supervised release for one (1) year.
Count VI

On or about June 18, 2018, Respondent was interviewed by a Board investigator. In the course of the interview, Respondent provided false information and failed to cooperate with the Board during its investigation when she indicated that she had been clean and sober and not inhaled compressed air since June 8, 2017. Respondent's statements to the Board investigator are in contrast to her criminal conduct and subsequent guilty plea as described.

Voluntary Surrender 09/12/2019

Meade, Tina M

Cole Camp, MO

Licensed Practical Nurse 039404

Licensee voluntarily surrendered her nursing license.

Voluntary Surrender 11/14/2019

Brockman-Stilgenbauer, Sandra J

Springfield, MO

Registered Nurse 141803

On May 2, 2019, Respondent was found guilty of the class C felony of Abuse or Neglect of a Child, and the class C felony of Endangering the Welfare of a Child - 1st Degree, in the Circuit Court of Greene County, Missouri.

Voluntary Surrender 11/04/2019

Wheeler, Donald Duane

Joplin, MO

Registered Nurse 2004026162

Licensee voluntarily surrendered his nursing license.

Voluntary Surrender 11/04/2019

Winsor, Sandra Dawn

Independence, MO

Licensed Practical Nurse 2008036737

Licensee voluntarily surrendered her nursing license

Voluntary Surrender 10/08/2019



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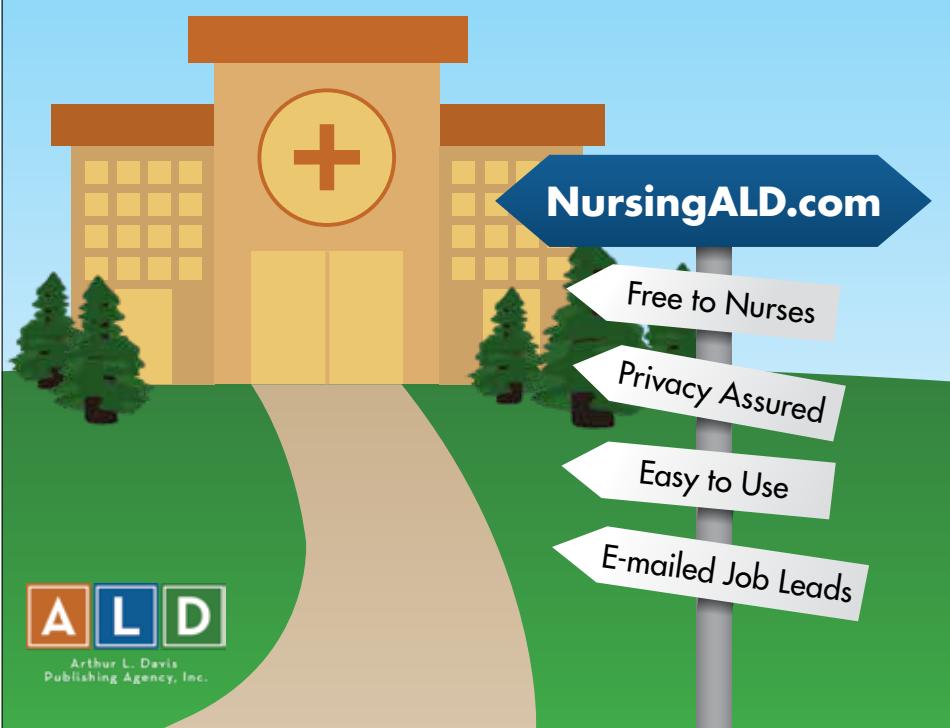
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